

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048959

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 254 Primary Registration District No. 3052 Registrar's No. 445

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SEDALIA

Length of stay in lb

24 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BETHWEHL Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MORGAN

c. CITY OR TOWN

RURAL RICHLAND TWP

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

FLORENCE MO

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
AMOS GLENN MERTGEN

4. DATE OF DEATH

Month Day Year
DEC. 28 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan 13 1907

9. AGE (last birthday)

56

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

FLORENCE MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM MERTGEN

13b. MOTHER'S MAIDEN NAME

FREDA DUVEK

14. NAME OF HUSBAND OR WIFE

LOUELLA MERTGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

LOUELLA MERTGEN FLORENCE MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Leukemia

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-2-62 to 12-28-63 and last saw her him alive on 12-28-63
Death occurred at 3:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

[Address]

22c. DATE SIGNED

12-30

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

DEC. 31/1963

23c. NAME OF CEMETERY OR CREMATORY

FLORENCE CEMETERY

23d. LOCATION (City, town, or county)

FLORENCE MO.

(State)

24. FUNERAL DIRECTOR

[Signature]

ADDRESS

[Address]

25. DATE RECD. BY LOCAL REG.

12-31-1963

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. H. Kleuman

Licensed Embalmer No. 4073

P. O. Address Lower Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.